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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. | | |
| UTILITY PATENT APPLICATION TRANSMITTAL new nonprovisional applications under 37 CFR 1.53(b)) | Attorney Docket No. | H 4763 |
| | First Inventor or Application Identifier | Wolfgang, BUTZ |
| | Title | DEVICE FOR RECEIVING AND DISPENSING A COATABLE MATERIAL |
| | Express Mail Label No. | EL 246263803 US |

| | | | |
|--|--|---|--|
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> | | 6. <input type="checkbox"/> Microfiche Computer Program (Appendix) | |
| 2. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure | | 7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy <i>(identical to computer copy)</i> c. <input type="checkbox"/> Statement verifying identity of above copies | |
| ACCOMPANYING APPLICATION PARTS | | | |
| 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | | | |
| 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> | | | |
| 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> | | | |
| 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations | | | |
| 12. <input type="checkbox"/> Preliminary Amendment | | | |
| 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> | | | |
| 14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement Filed in prior appl. <i>Status still proper and desired</i> | | | |
| 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> | | | |
| 16. <input type="checkbox"/> Other: _____ | | | |
| 5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | | | |

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP) of prior application No. _____

Prior application information: Examiner _____ Group/Art Unit: _____

18. CORRESPONDENCE ADDRESS

| | | | | | |
|--|--|---|------------------------------|--|--|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label 00423 | | (Insert Customer No. or Attach bar code label here) | | or <input type="checkbox"/> Correspondence address below | |
| NAME Glenn E.J. Murphy Henkel Corporation, Patent Law Dept. | | | | | |
| ADDRESS 2500 Renaissance Blvd., Suite 200 | | | | | |
| CITY Gulph Mills | | STATE PA | ZIP CODE 19406 | | |
| COUNTRY US | | TELEPHONE (610) 278-4926 | FAX (610) 278-6548 | | |
| Name (Print/Type) Glenn E.J. Murphy | | Registration No. (Attorney/Agent) 33,539 | | | |
| Signature | | Date November 7, 2001 | | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

jc997 U.S.P.T.O.
 10/008326

11/07/01

FEE TRANSMITTAL

Note: Effective October 1, 1997.
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 740.00

Complete if Known

Application Number

Filing Date

First Named Inventor

BUTZ, Wolfgang

Group Art Unit

Examiner Name

Attorney Docket Number

H 4763

METHOD OF PAYMENT (check one)

FEE CALCULATION (continued)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

| | |
|------------------------|--------------------|
| Deposit Account Number | 01-1250 |
| Deposit Account Name | Henkel Corporation |

Order No. **01-0799**

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of Notice of Allowance

2. Payment Enclosed:

Check Money Order Other

3. ADDITIONAL FEES

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid |
|----------------|-----------------|----------------|-----------------|--|----------|
| 105 | 130 | 205 | 85 | Surcharge - late filing fee or oath | |
| 127 | 50 | 227 | 25 | Surcharge- late provisional filing fee or cover sheet | |
| 139 | 130 | 139 | 130 | Non-English Specification | |
| 147 | 2520 | 147 | 2520 | For filing a request for reexamination | |
| 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner Action | |
| 113 | 1840* | 113 | 1840* | Requesting publication of SIR after Examiner action | |
| 115 | 110 | 215 | 55 | Extension for reply within first month | |
| 116 | 400 | 218 | 200 | Extension for reply within second month | |
| 117 | 950 | 217 | 475 | Extension for reply within third month | |
| 118 | 1,510 | 218 | 755 | Extension for reply within fourth month | |
| 128 | 2,080 | 228 | 1,030 | Extension for reply within fifth month | |
| 119 | 310 | 219 | 155 | Notice of Appeal | |
| 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | |
| 121 | 270 | 221 | 135 | Request for oral hearing | |
| 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | |
| 140 | 110 | 240 | 55 | Petition to revive - unavoidable | |
| 141 | 1,320 | 241 | 680 | Petition to revive - unintentional | |
| 142 | 1,320 | 242 | 680 | Utility issue fee (or reissue) | |
| 143 | 450 | 243 | 225 | Design issue fee | |
| 144 | 670 | 244 | 335 | Plant issue fee | |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | |
| 123 | 50 | 123 | 50 | Petitions related to provisional applications | |
| 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt | |
| 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | |
| 146 | 790 | 246 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | |

FEE CALCULATION

1. FILING FEE

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid |
|----------------|-----------------|----------------|-----------------|------------------------|--------------------|
| 101 | 790 | 201 | 395 | Utility filing fee | \$740.00 |
| 106 | 330 | 206 | 165 | Design filing fee | |
| 107 | 540 | 207 | 270 | Plant filing fee | |
| 108 | 790 | 208 | 395 | Reissue filing fee | |
| 114 | 150 | 214 | 75 | Provisional filing fee | |
| | | | | Subtotal (1) | (\$) 740.00 |

2. CLAIMS

| Total Claims | Extra | Fee from below | Fee Paid |
|--------------|-------|----------------|--------------------|
| 4 | -20 = | 0 X \$18.00 | = (\$) 0.00 |
| 1 | - 3 = | 0 X \$80.00 | = 0.00 |
| | | X X\$270.00 | = .00 |

3. PETITIONS

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description |
|----------------|-----------------|----------------|-----------------|-----------------------------------|
| 103 | 22 | 203 | 11 | Claims in excess of 20 |
| 102 | 82 | 202 | 41 | Independent claims in excess of 3 |
| 104 | 270 | 204 | 135 | Multiple dependent claim |

SUBTOTAL (2)

(\$) 740.00

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$) 740.00

Complete (if applicable)

| | | | |
|----------------------|---|--------------------------|-------------------------|
| SUBMITTED BY | | Complete (if applicable) | |
| Type or Printed Name | Glenn E.J. Murphy | Reg. Number | 33,539 |
| Signature |  | Date | Nov. 7, 2001 |
| | | | Deposit Account User ID |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.